

**Community Crime Prevention Task Force
Healthcare Task Force Committee**

Participants

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Summary of Key Recommendations

Substance Abuse and Mental Health:

- o Add a third court to deal with substance abuse and mental illness cases. This could be a "co-occurring" court to deal with both drug-related and mental illness issues.
- o Add additional case managers to assist the judges in the substance abuse and mental health courts to monitor offenders and expand drug diversion program.
- o Add a drug diversion program for juveniles that would allow these kids to stay in school and participate in treatment. A specific program is being explored by the juvenile court.
- o Expand jail/prison reentry programs to include treatment programs, temporary living, job training and supportive living skills.
- o Expand Sheriff Anderson's program at Liberty Hall for women in jail.
- o Train clinicians and teachers in schools on how to identify drug-related behavior and mental health issues in schools. Conduct mental health screening in schools and during annual physical checkups. Expand school programs to include conflict resolution training.
- o Develop a no-cost program to provide treatment in the neighborhoods where drug behavior exists. Current programs include Progress House and Seeds of Hope.
- o Increase awareness of available resources in the community. Conduct a media awareness campaign on how to access services.
- o Establish a Specialized CIT Force within the group of Trained Officers (crisis intervention training).

Child Abuse:

- o Community support system for families that are easily accessed:
 - o Implement a Community Partner programs such as NACS in all service areas. Provide incentives for citizens to utilize the neighborhood services.
 - o Produce and sustain a Family Support Guidebook of services available to all parents.
- o Educate the medical community and the general public about child abuse and services available.
- o Institute family skills training in Middle School.
- o Develop and provide after-school structured programs which include conflict resolution, mentoring, self-esteem programs, and homework training tables. Children need a place to go besides gangs to help them mature. Expand structured summer programs such as Pro-100 (provided by the Children's Bureau).

Gun Control:

- o Need better collaboration between the Gang Task Force and Indianapolis Police to track use and permitting of guns.
- o Require that if a gun is stolen, you must report it to police.
- o Encourage use of gun locks through education campaigns and providing gun locks at a reduced cost.
- o Disallow gun permits to repeat offenders and enforce it.
- o Teach conflict resolution skills in schools (like Peace Learning Center).
- o Provide educational campaigns regarding safety to all gun owners at time of gun purchase.

Under/Uninsured

- o Encourage the State of Indiana to pull additional dollars from the Federal government for coverage for mental health and substance abuse coverage.
- o Consider program to provide free or low-cost medications to prevent more costly treatments later.
- o Educate public about the low-income health programs that are available.

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Addictions - Drug and Alcohol

Introduction:

Studies consistently show a strong link between alcohol use and violence, such as homicide. A new study published in the October, 2006 issue of Alcoholism: Clinical & Experimental Research showed that total and male homicide rates in Ontario Canada were strongly related to average levels of alcohol consumption. The study also showed that as AA membership increased, homicide levels decreased. See "Alcohol consumption, Alcoholics Anonymous membership and homicide mortality rates in Ontario 1968-1991" in Alcoholism: Clinical & Experimental Research.

Addiction is defined by Dr. Tim Kelly as compulsive use without control; continued use by the addicted person in the face of adverse consequences. There is a strong genetic component to addiction. The disease is chronic, difficult to treat and subject to relapse.

Criminal Behavior and Alcohol/Drug Abuse:

Judge Shaheed noted that 46.2% of total convictions in Indiana are drug related compared to a national average of 41.2%. Of the 46.2%, 22% are powder cocaine, 45.6% are crack/cocaine, 14% are marijuana related, 3.2% heroin, 14.4% are methamphetamine, and 1% other.

In Marion County a first offence for marijuana is an A-Misdemeanor; second offence is a D-Felony. A first offense for cocaine is a D-Felony. There are 11 courts that process felonies in Marion County; roughly 30% of the open felonies (12,890 open cases) are processed in two drug-related courts.

The court orders drug treatment for misdemeanor drug offenders but no funding is provided for treatment so less than one half of the convicts actually get treatment and therefore land back in jail.

When these individuals actually come to drug court, they are not seen by medical professionals nor do they receive a mental health evaluation.

Even if these individuals do receive treatment, there is a 67% recidivism rate in the United States. Longer term programs are needed to match the chronic nature of the disease.

In 1998, a drug diversion program was begun. Under this program, the eligible individuals are required to participate in a rehab program and check in with the court every week. If the one-year program is successfully completed, then the charges are dropped. 44% of persons that do not participate in this program are rearrested. Only 12% of those that do participate in this program are rearrested. *This is a program actually works.* There are currently 200 persons in that program.

While this program works for adults, there is no similar program for youth.

Health care costs:

The Governor has introduced a proposal to help fund health care costs for the uninsured. People with drinking problems use healthcare at twice the rate of people without drinking problems. Treatment for alcoholism has actually been proven to reduce healthcare costs by as much as 55 percent from their highest pre-treatment levels. ("Primer 3:A Sound Investment: Identifying and Treating Alcohol Problems, 2003" www.ensuringsolutions.org/pages/primer/primer3/primer3.html).

Reentry Issues:

When these individuals leave jail, limited drug testing or continuing treatment programs are available.

Reentry Issues:

Substance Abuse and Dependence

- o 68% of jail inmates are dependent on or abusing drugs or alcohol.
- o 18% receive treatment or other substance abuse programs.
- o 69% of jail inmates are regular drug users.
- o 29% of convicted jail inmates report use at the time of their offense.

Mental Illness

- o 16% of jail inmates and state prisoners report a mental condition or overnight stay in a mental hospital.
- o 41% of jail inmates receive treatment.
- o 61% of prison inmates.

Limited Employability

- o 57% of jail inmates were working full time the month prior to their arrests.
- o 39% of jail inmates report personal earnings totaling less than \$300.00 per month.

Extensive Criminal Histories

- o 75% of jail inmates have served prior probation or incarceration sentences.
- o 25% of jail inmates have served 3 or more prior sentences to incarceration.
- o More than half of all jail inmates have a current criminal justice status at the time of arrest.

Other issues - those who re-offend:

- o More likely to be unemployed;
- o Use drug or abuse alcohol;
- o Have extensive criminal histories;
- o To be younger;
- o Negative attitudes toward police and the legal system;
- o Timing- 30% re-arrest during their first six months of freedom;
- o Community Level Impact; and
- o Geographic concentration of released offenders.

The inadequacy of discharge or transition planning activities for inmates and prisoners have been well documented.

Local Programs:

Indianapolis Violence Reduction Partnership:

Indianapolis Police Department (Indiana)

- Key Elements; increasing surveillance, encouraging compliance, exchanging information (VIPER- Violence Impact Program Enhanced Response), Connecting to Services (Police Action League).
- Absent is the best practice concept of re-entry planning.
- Contact for this project- Marion County Justice Agency- Jason Hutchens.

Marion County Jail Alcohol and Drug Program

- for eligible individuals who are currently incarcerated at the Marion County Jail to attend treatment and recovery management groups.

Marion County Superior Court Drug Treatment Program

Craine House (women)

Faith based Housing Support Program-Eastside Indianapolis (Women)

Other state programs:

Baltimore Police Department (Maryland)

Maryland Reentry Partnership Initiative

Key Program Elements

- Reentry Planning
- Encouraging Compliance
- Connecting to Services
- Increasing Surveillance
- <http://www.baltimorepolice.org/>

Redlands Police Department (California)

Police and Corrections Team

Key Program Elements

- Reentry Planning
- Encouraging Compliance
- Increasing Surveillance
- Engaging the Community
- Building Partnerships
- Organizational Development, Knowledge Management & Information Sharing
- <http://www.redlandspolice.org/>

Recommendations:

- o We recommend adding a third court to deal with drug-related and mental illness issues. In all three drug courts, additional case managers should be hired to assist the judges in monitoring these individuals.
- o Add a drug diversion program for juveniles that would allow these kids to stay in school and participate in treatment.

- Expand reentry programs from our jails and prisons to include treatment programs, temporary living, job training and supportive living skills. Without such support, these persons will fall back into drug-related behaviors.
- Expand Sheriff Anderson's program at Liberty Hall for women in jail.
- Need to train clinicians and teachers in schools on how to identify drug-related behavior in schools.
- Expand low-cost programs to provide treatment in the neighborhoods where drug behavior exists. Current programs include Progress House, Fairbanks, Seeds of Hope.... We need to bring programs to individuals in need.

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Mental Health

Prevention of violence is a public health imperative. Prevention costs money but so does violence. Most violent behavior appears to be learned behavior. Violence lies at the intersection of multiple independent factors. Risk factors flow from issues arising within the individual, the family, the community, and society.

Violence prevention strategies should begin at early school ages. School age strategies should include conflict resolution training, violence prevention counseling, and social competence development, bullying reduction, and drug and alcohol education. Family strategies should include parent education, parenting assessments, family therapy, preschool programs and home visitations. Community wide strategies should include mentoring, supervised recreation, community policing, and surveillance. Violence free families are the building blocks for a peaceful civilization. One out of 15 adults in the state of Indiana has a gun permit. Only 7% of handguns are purchased at a retail store. The remaining 93% are obtained illegally. Suicides in America were actually twice as common as homicides in the United States in 2001, with suicides at approximately 1 million and homicides at approximately 500,000 individuals, suffering with a mental illness alone does not lead one to violence. Mentally healthy individuals contribute to healthy non-violent communities.

Individuals who suffer with a mental illness and are not in treatment are 7% more likely to be victimized than becoming dangerous to others. However, when combined with substance abuse, individuals with a mental illness who are not in treatment are at a high risk for becoming dangerous to self and others. Approximately 30% of all individuals who are incarcerated in jail suffer from a mental illness/addiction. Without treatment, these individuals are at a high risk for future repeated incarceration.

Recommendations

1. Increase prevention and intervention at an earlier age.
Conduct mental health screening in schools and during annual physical check ups. This should include conflict resolution, violence prevention counseling, social competence development, bullying reduction and drug/alcohol education.
2. Increase awareness of available resources in the community.
Conduct a media awareness campaign on how to access services. Family members, significant others, or individuals can call the crisis/suicide hotline 24 hours a day at 317-251-7575. This will facilitate connecting them with the appropriate resources.

Educate the public at the availability of:

- a) Immediate Detention - Family Member, significant other or concerned person can call for a police officer (preferably a CIT Officer) to come to the client and assess the individual for transportation to the hospital, where an assessment by a mental health professional can be done.
- b) Emergency Detention - A family member or significant other can go to the Community Mental Health Center and provide information regarding a person's dangerousness to self or others to a crisis worker and psychiatrist. Based on the information, a petition to the court may be completed to have an individual brought to the Emergency Room, Psych ER, and Psych Unit for a 72-hour assessment.

3. To Establish a Specialized CIT Force within the group of Trainer Officers

CIT (Crisis Intervention Training) is a program that originated in Memphis, TN that begins with 40-hours of specialized training for police officers. The training provides information about severe mental illnesses and how to respond to persons experiencing a psychiatric crisis in ways that defuse rather than escalate these situations. The training is provided by mental health providers, family advocates and mental health community groups. To date, 500+ officers have been trained, which has greatly improved crisis responses.

The CIT Model requires a level of system change on the part of both the law enforcement community and the health care delivery system. Continuation of specialized training and development of an even more specialized team would allow the officers to build ongoing relationships with clients within the community they serve. This relationship building can deter or provide early intervention in order to keep clients within the community they live and out of the criminal justice system.

This training could be provided utilizing the array of volunteer trainers currently used to provide the 40-hour initial training. The only cost for this next level of CIT development would include the officer's time away for ongoing education and development.

4. Specialized courts for SA & MH

Develop a specialized court of mental health and co-occurring illnesses (mental health and substance abuse). They would work with mental health experts who consult in the provision and recommendation of sentencing based on the needs of the individual. This could include diversion from incarceration into an existing program for treatment of mental health and/or addictions in the community. The court and mental health experts must work in collaboration to assist the individual to stay engaged in treatment.

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Child Abuse

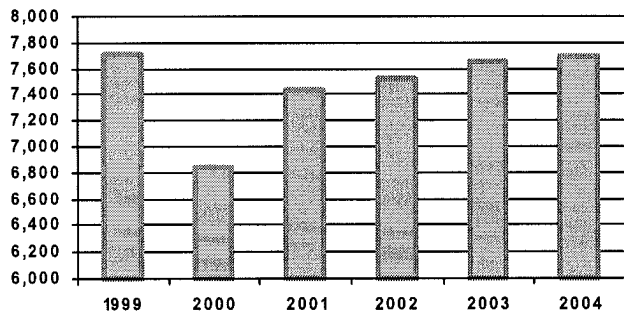
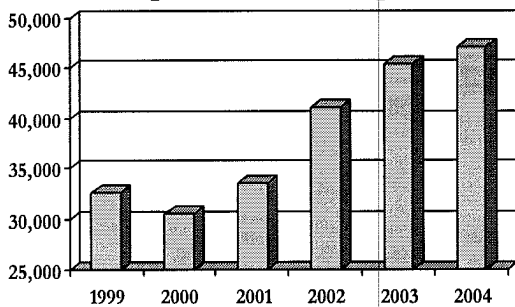
Introduction:

There is a significant link between childhood abuse and criminal activity later in life. Dr. Cathy Spatz Widom found that those abused and neglected as children almost doubles the odds that a child will commit a crime as a juvenile. (Childhood victimization: Early Adversity, Later Psychopathology, www.ncjrs.org/pdffiles1/jr000242b.pdf). Widom found that 18% of abused or neglected youngsters went on to be arrested for a violent crime compared to 14% of individuals that had not been abused/neglected. The Rochester Youth Development study found that the more frequent and severe the maltreatment, the more likely the child was to commit more frequent and more violent acts of delinquency. Researchers Lewis and Pincus interview 14 of the 37 juveniles under death sentences in 1986/1987 and found that only one had not suffered severe physical abuse.

Indiana Statistics

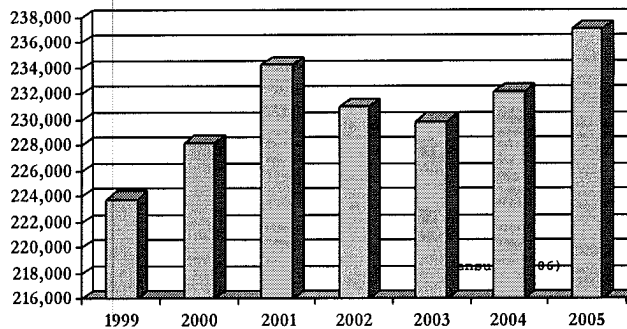
The amount of crime happening in both Indianapolis and in the State have risen in the last few years.

**Property Crime per the
Violent Crime reported by
Indianapolis Police Dept
Indianapolis Police Dept**



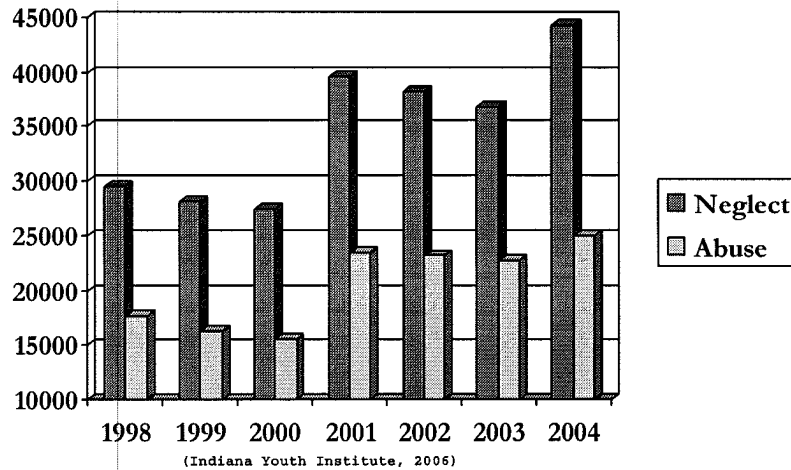
(Indiana Criminal Justice Institute, 2006)
(Indiana Criminal Justice Institute, 2006)

Total Crime in Indiana



The occurrence of child abuse and neglect in the state of Indiana has also increased.

Abuse/Neglect Cases Reported to D.C.S.



What do child abuse and crime have in common?

A great deal of overlap exists between Children in Need of Services (CHINS) and Juvenile Offenders. Children frequently move between the Child Welfare and Corrections systems - but even for those who don't, a remarkable number of similarities exist. IARCCA has recently studied these groups of youth, and found they have quite a bit in common.

For example:

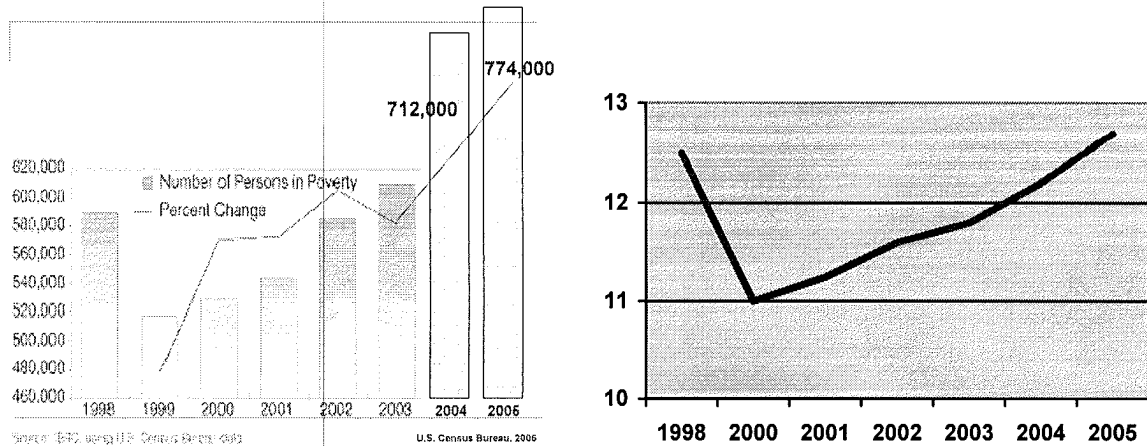
- Over 1/3 of all Juvenile Offenders in secure detention and 1/2 of CHINS in foster care have witnessed domestic violence.
- Roughly 3/5 of all Juvenile Offenders in secure detention and CHINS in foster care had a parent with substance abuse issues.
- Both groups had much higher likelihoods than average youth to:
 - o Be enrolled in Special Education
 - o Be prescribed Psychotropic Medication
 - o Have been abused and/or neglected
 - o Have been sexually victimized
 - o Have at least one parent incarcerated
 - o Live in a single-parent family

(IARCCA, 2006)

Why are the rates increasing?

Many studies have indicated that the highest risk factor for both crime and child abuse/neglect is poverty. These studies are supported by corresponding poverty rates both in the U.S. and IN.

Number of Hoosiers living in Poverty U.S. Poverty Rate



(US Census & The Urban Institute, 2006)
(US Census, 2006)

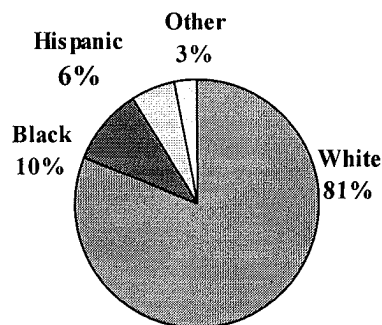
In addition to poverty, children of color more frequently represented in child abuse & neglect, crime, and low educational attainment statistics. The data suggests that minorities are at greater risk with each of these issues.

Poverty Rate by Race, 2000

	Indiana	Marion Co	U.S
White	7.8	7.9	7.4
Black	23.2	20.4	22.5
Hispanic	n/a	n/a	21.5

(US Census, 2006)

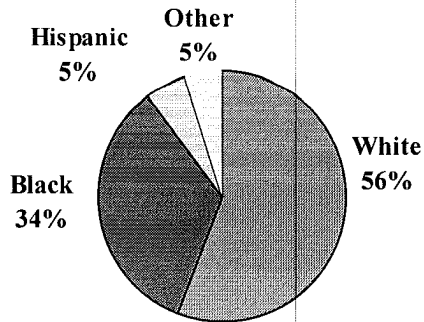
Indiana's Overall Youth Population, 2005



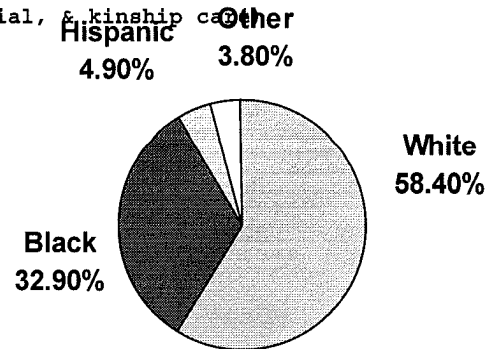
(US Census, 2006)

IN Youth in Out-of-Home Care, 2005
Detained by DOC, 2005

(incl. foster care, residential, & kinship care)



IN Youth

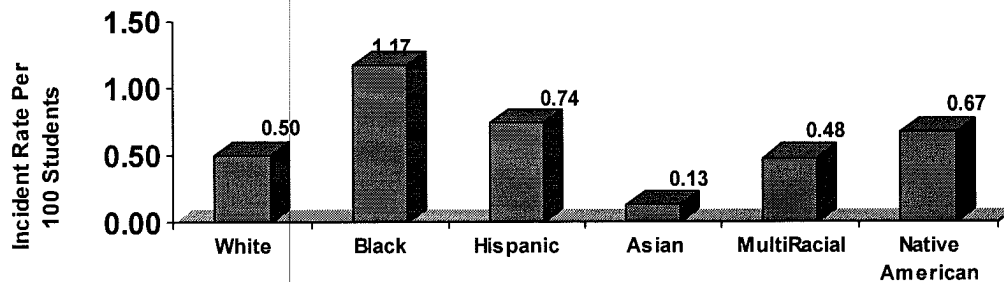


(Child Welfare League of America, 2006)
 (Indiana. Criminal Justice Institute, 2006)

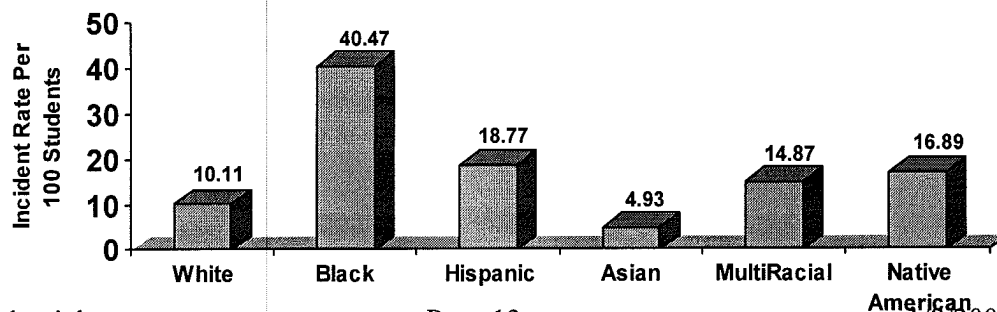
Clearly, the proportion of minority youth in both Out-of-Home care and in DOC detention is not representative of their proportion in the general population.

Indiana's minority students are also being suspended and expelled more frequently:

Expulsion Rates by Race in Indiana



Out-of-School Suspension Rates by Race in Indiana



IARCCA reported that:

- o Over 1/3 of all Juvenile Offenders in secure detention and ¼ of CHINS in foster care have witnessed domestic violence.
- o Roughly 3/5 of all Juvenile Offenders in secure detention and CHINS in foster care had a parent with substance abuse issues.
- o Both groups had much higher likelihoods than average youth to:
 - o Be enrolled special education
 - o Have been abused and/or neglected
 - o Have at least one parent incarcerated
 - o Be prescribed Psychotropic medication
 - o Have been sexually victimized
 - o Live in a single-parent family

Children's Legislative Agenda (CWLA) reported that:

- o Substance abuse is associated with the placement of at least half of the children in child welfare custody; and
- o Two-thirds of substantiated cases of abuse and neglect regard involve substance abuse.

Department of Child Services

In January, 2005, the state moved Child Protective Services out of the Family and Social Services Administration (FSSA) and created the Department of Child Services (DCS). This same bill (SEA 529) established maximum caseloads for caseworkers and approved the hiring of 400 new caseworkers, half by June 30, 2006, half the following year. These new initiatives will help after the child suffers from abuse or neglect.

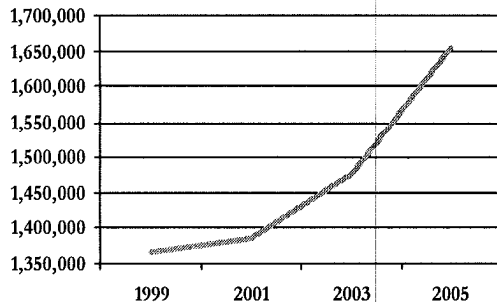
MCCOY, Inc.

The Marion County Commission on Youth (MCCOY, Inc) recently released a plan to improve the lives of vulnerable children with an emphasis on prevention while simultaneously strengthening families. This work was released in June, 2005. Their recommendations closely align with what our Committee heard from other practitioners during our meetings and we include their recommendations below.

What Is Not Working?

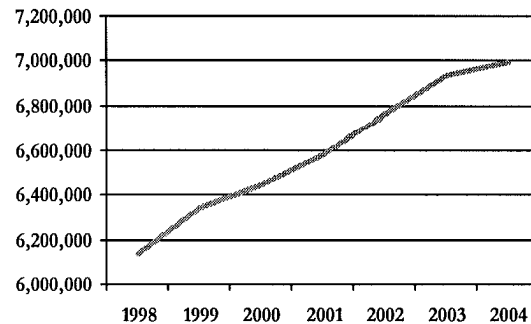
Traditional approaches (*increasing arrests & detentions*) don't seem to be effective in reducing crime.

Estimated U.S. arrests for drug violations



(US Department of Justice, 2006)
(US Department of Justice, 2006)

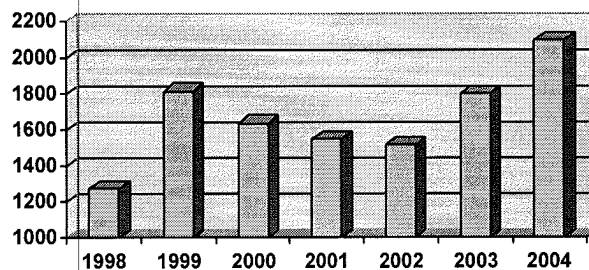
Number of persons under correctional supervision in U.S.



Traditional methods such as are much more punitive including building more jails, enforcing stiffer penalties, hiring more law enforcement and detention center staff, three-strikes laws, etc. These measures have had no effect in reducing or preventing crime, as evidenced by the consistently rising rates of both property and violent crimes.

Similarly, terminating parental rights doesn't seem to impact rates of child abuse or neglect.

Number of Termination Case Filings in IN



(Indiana Youth Institute, 2006)

What is the Solution?

The Child Welfare League of America defines the 5 universal needs that all children need in order to be safe, healthy and thrive. They are:

- *The Basics:* Equality, economic security and stability, nutrition, appropriate housing, health care, and education.
- *Relationships:* Nurturing relationships with parents, kin, other adults, siblings and peers.
- *Opportunities:* Opportunities for affirmative connections to culture, traditions, and spiritual resources, development of talents and skills, and a positive transition to adulthood.

- *Safety*: Protection from discrimination, accidental injury or death, environmental toxins, and abuse, neglect, and violence at home, in school, on the streets and through the media.
- *Healing*: appropriate response to trauma by family, friends, and professionals; affective long-term support; and services that are comprehensive, needs-based intervention.

To provide these universal needs, our community must initiate a three prong approach:

1. Adequate services and resources for those already in contact with the system including child welfare, juvenile corrections and those excluded from education systems.
2. Remediation of those at-risk of entering the system - build trust, opportunity for access, inviting staff, non-judgmental.
3. Adequate support and services for ALL families - adequate incomes, job opportunities, and supportive services to level the playing field for low income working families.

Indianapolis Programs that are Working

Neighborhood Alliance for Child Safety (NACS)

NACS is a program that was first initiated in Indianapolis by Children's Bureau, Inc. in 1999 to provide a variety of support services to families at risk of child abuse and neglect in one zip code (46222). Its mission is "to assure the well being of children and their families by connecting them to appropriate local resources and services." It is a collaborative that involves public and private agencies and institutions as well as families and community folks. Success has been demonstrated in this original location and other offices have been established at 3 other locations. Some of the successes include:

- Reducing the number of less serious cases being substantiated by CPS.
- Increased neighborhood reporting of suspected abuse.
- When compared to control zip codes, 46222 had lower numbers of substantiated neglect cases.
- Recidivism rates of CPS cases for the 46222 zip code were found to be lower than for the county (19.1 per 1000 Vs. 21.9 per 1000).

Community Partners for Child Safety, based on the principals and model of NACS, is being initiated statewide. This broader application must maintain the capacity to implement this program with adequate staff for the person-to-person connections.

Vivian Smith House

The Vivian Smith Program has two equally important objectives: to assist young parents become independent citizens and effective parents and to provide their babies with a healthy start in life. Young people who participate in the program must stay in school and maintain good grades. They receive help with life skills and parenting education. While in school, their children are cared for in a nurturing environment and parenting education is both formal and informal through modeling. Successes include:

- The young parents maintain good grades and complete high school. For example at the end of last school year, 3 of the 3 young ladies eligible to graduate successfully completed high school.
- Many of the graduates go to post secondary education (example of the 3 who graduated June 2006, all had higher education plans).
- Based on pre-post test results, 90% of the young ladies learn new and appropriate parenting skills.

Pro 100 Summer Employment Program

Pro-100 is a summer internship program which provides work experiences for economically-disadvantaged teens and helps them develop basic life skills. Youth learn the value of giving to their community and develop skills to enter the adult workforce with experience, leadership skills and work ethics. Based on 2005 statistics, the successes of this program include:

- Ninety-Eight percent of the students remained in school the following year.
- Eighty percent had no suspensions or expulsions.
- Eighty-five percent demonstrated increased computer proficiency.
- Youth complete community beautification and community service projects.

Recommendations:

- o The Indianapolis community must rally around the fact that we are all raising these kids - must have community buy-in and watch out for the kids.
- o Expand the public education effort around the prevention message.
- o Promote a coordinated cross-systems approach.
 - o Funding coordination - local, state, federal and private dollars coming into this community
 - o Local program coordination
- o Promote community support system for families that are easily accessed:
 - o Implement NACS and/or Community Partners; and
 - o Produce and sustain a Family Support Guidebook of services available to all parents.
- o Educate the medical community about child abuse and services available.
- o Promote positive parenting - acknowledge that this is a tough job and it is ok to ask how. Possibilities could be a billboard campaign or offering educational campaigns in the neighborhoods. Institute additional programs like Vivian Smith noted above.
- o Institute family skills training in Middle School.
- o Children need a place to go besides gangs to help them mature. All children must learn to separate from their parents as a part of the maturing process - they need places to go. Possibilities include programs like Pro-100 above.
- o Conduct focus groups in the neighborhoods; talk with the gang leaders. Find out what they need.
- o Increase affordable, accessible substance abuse treatment
- o Increase affordable, quality childcare after school and child care resources.

- o Provide specialized services and support for at-risk groups.
 - o Teen parents
 - o Failing students
- o Long-term
 - o We must provide income levels that afford self-sufficiency so parents have the ability to provide for their children.

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Gun Control

Statistics:

In 2005, there were 456 assault/homicide firearm injuries in Indiana per the Firearm Injuries in Indiana report from the Indiana Partnership to Prevent Violent Injury and Death. Of these 456, 87 were fatal and 369 were non-fatal. 33% of the shootings occurred between midnight and 4:00 a.m. 408 injuries were male, 350 injuries were black and 216 injuries were between the ages of 15-24 years. See detail in appendix.

In Indiana, 35% of the firearm deaths are homicide; in Marion County 59% of the firearm deaths are homicide vs. suicide. In 2001, Indiana ranked 13th in the nation for the rate of child victim homicides involving a handgun. (Violence Policy Center, 2001).

Indiana Laws:

Indiana does not have limitations on the number of firearms that can be purchased nor do we have universal background checks for all firearm transfers.

In Indiana, carrying a concealed gun is legal for anyone age 18 who obtains a permit. One in fifteen adults in Indiana have guns. Indiana ranks second only to New York in the number of registered gun permits. The IU Center for Survey Research, 2002, reports that 44% of Indiana homes have guns vs. 40% of the U.S. homes. In Indiana, no permit is required to keep a gun in your home.

Guns and Children:

A 2006 Harvard study of 201 gun-owning parents and kids report that 39% of kids know the location of the guns in the home. Further, 22% report handling the gun despite being told not to (Miller, Archives of Pediatric and Adolescent Medicine, May 2006). Children who take gun avoidance classes are reported just as likely as those who don't to handle a gun when found (Hardy, 1996).

Recommendations:

- o Need better collaboration between the Gang Task Force and Indianapolis Police to track use and permitting of guns.
- o Require that if a gun is stolen, you must report it to police.
- o Encourage use of gun locks through education campaigns and providing gun locks at a reduced cost.
- o Disallow gun permits to repeat offenders and enforce it.
- o Teach conflict resolution skills in schools (like Peace Learning Center).
- o Provide educational campaigns regarding safety to all gun owners at time of gun purchase.

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Under/Uninsured

Violence continues to ravage communities across the country. There are many factors that contribute to this violence and abusive behavior, such as low income, discrimination, lack of education, lack of employment opportunities but nothing is more compelling than an individual's mental health status. Centers for Disease Control in the *Healthy People 2010* report define mental health as a state of successful mental functioning resulting in productive activities, fulfilling relationships, and the ability to adapt to change and cope with adversity.

The number of uninsured persons in the United States has increased so much that in 2005 46.1 million Americans lacked any health insurance coverage! The gaps in our private and public health insurance systems have left 18% of Americans under the age of 65 without health insurance coverage. Lack of health coverage represents a major barrier to health care utilization for general medical, mental health, and substance abuse services. Studies have shown that a lack of health insurance is associated with having poorer physical and mental health.

According to the Kaiser Commission on Medicaid and the Uninsured, the uninsured are largely low-income adult workers for whom coverage is either unaffordable or unavailable. The report highlights that uninsured persons compared to privately insured adults have reduced access to care and can experience severe consequences, particularly when preventable conditions go undetected. Many of the uninsured are not able to follow recommended treatments such as filling a drug prescription or keeping a clinical appointment because of cost.

Recommendations

Expand free programs to provide treatment for mental health and drug treatment services in the neighborhoods for the under/uninsured.

Expand free programs in the drug courts to provide treatment for mental health and drug treatment services to offenders who are under/uninsured.

**Community Crime Prevention Task Force
Healthcare Task Force Committee**

Domestic Violence

Nearly 21,000 women in Marion County are physically abused in domestic relationships each year. About 4,000 domestic violence cases are prosecuted in Marion County each year. Some 70% of all protective orders requested involved a domestic dispute. (from the julian center). In fiscal year 2005-06, the Connect2Help call in line recorded 2,889 domestic abuse related calls. These calls have increased an average of 40% each year for the past five years. The majority of the needs reported by these callers were housing, mental health, addictions and legal assistance. There were 1,218 calls for emergency shelter.

Relationship violence is consistently reported as having a negative impact on children's future behaviors and their emotional well-being. Current research indicates domestic abuse may be the single major precursor to child abuse and neglect. Witnessing violence puts children at risk for long-term emotional and behavioral problems - including substance abuse, suicide, running away from home, poverty. Boys are more likely to be aggressive and engage in criminal activity if they grow up experiencing domestic abuse.ⁱ Violence early in life directly affects a child's brain development - survival skills are developed at the expense of learning and other social skills. Indeed, children who are abused and neglected are almost twice as likely to commit a crime as a juvenile.ⁱⁱ An estimated one-third of the nation's teenagers is abused emotionally, physically, or sexually by their partners. Prevention and intervention is crucial to break the intergenerational cycle of abuse.

In August 2005, Mayor Peterson and the Domestic Violence Network of Greater Indianapolis convened the second Roundtable related to community planning to prevent domestic abuse. At the Roundtable, updates were provided about the implementation of the first Family Violence Community-Wide Plan. The group, which represented domestic abuse providers, the medical community, schools, the criminal justice system, other types of service providers, funders and victims, then discussed the areas most in need of improvement to better serve victims and their children. The group identified five broad strategies to guide future work:

- Hispanic Outreach - Increase awareness and availability of services for the Latino community;
- Economic Justice - Develop strategies to assist victims and their families in the areas providing the greatest barriers to economic self-sufficiency such as child support, transportation and child care;
- Criminal Justice system - Work with the criminal justice system to make real progress in breaking the cycle of violence;
- Increased coordination of services with the broader human services and healthcare networks; and
- Prevention.

The Committee supports the ongoing work of the Roundtable participants.

One prevention method currently being used is teaching young people about healthy relationships as a means to prevent domestic abuse. One method for preventing domestic abuse is through school-based prevention programs aimed at pre-teens and adolescents as they begin to explore new connections with their peers. For example, the Julian Center offers a school-based prevention program, Relationship Violence/Relationship Respect, which helps to raise awareness about relationship violence before it becomes a commonplace part of their experience. The Committee recommends that these programs be expanded to all Marion County middle and high schools.

Educational programs for the workplace and groups also exist. For example, the Domestic Violence Network of Greater Indianapolis provides a curriculum that is focused on breaking the cycle of violence through education about the facts of domestic abuse, the cycle of domestic abuse, different types of abuse, power and control cycles, early warning signs of an abusive personality, safety planning and healthy relationships. The Fathers and Families Center, which assists low income, young fathers and expectant fathers to become more self sufficient and better parents, also offers classes on parenting, anger management and pre-marital and marriage counseling. These services improve fathers' parenting skills and relationships with others.

¹ McCloskey, L.A. and M. Walker. 2000. Journal of the American Academy of Child & Adolescent Psychiatry. 39(1):108-115.

¹ Widom, C.S. [GET FROM www.ncjrs.org/pdffiles1/jr000242b.pdf]

Appendix

Addictions statistics:

<http://www.ojp.usdoj.gov/bjs/pub/pdf/sdatji02.pdf>

The FBI- Uniform Crime Reporting Program (2004)

State	All Arrests	Alcohol Related	% of Arrests	DUI	Drunkenness	Disorderly Conduct	Vagrancy
IN	215,441	64,408	29.9	27,264	15,003	9,031	23
IL	200,447	25,590	12.8	5,994	N/A	18,626	N/A
KY	70,506	17,838	25.3	5,862	7,815	2,710	191
OH	279,542	62,274	22.3	21,210	5,812	19,530	54
MI	334,887	80,996	24.2	46,234	614	9,057	266

The DEA 2005 (2004-05)

State	In Pounds Bulk Process Marijuana	# of Arrests	Weapons Seized
IN	138	714	217
IL	339	110	99
KY	12,689	528	246
OH	497	128	93
MI	153	138	236

The ADAMS: Indianapolis % Testing Positive at time of Arrest
Adult Males (43 Cities/US)
US Department of Justice

	2000	2001	2002	2003
Any Drug	64	66	66	65
Cocaine	31	32	35	39
Marijuana	49	50	47	45
Average All	64/31/41	64/29/43	64/30/42	67/30/44

Any Drug- Cocaine, Marijuana, Methamphetamine, Opiates & PCP
Cocaine- Crack & Powder Cocaine

2002 Jail Statistics:

68% Jail Inmates reported symptoms in the year before their admission to jail that met substance dependence or abuse criteria.

16% of convicted Jail Inmates said that they committed their offense to get money for drugs.

63% of Jail Inmates who met substance dependence or abuse criteria had participated in substance treatment or other programs.

Want more information?
Here are some handy websites for your reference.

Children's Bureau, Inc.
www.childrensbureau.org

Indiana Youth Institute
<http://www.iyi.org/>

Indiana Criminal Justice Institute
<http://www.in.gov/cji/>

Indiana Department of Child Services
<http://www.in.gov/dcs/>

United States Census Bureau
<http://www.census.gov/>

Child Welfare League of America
<http://www.cwla.org>

Coalition for Juvenile Justice
<http://www.juvjustice.org/>

Prevent Child Abuse America
<http://www.preventchildabuse.org/>

ⁱ McCloskey, L.A. and M. Walker. 2000. Journal of the American Academy of Child & Adolescent Psychiatry. 39(1):108-115.

ⁱⁱ Widom, C.S. [GET FROM www.ncjrs.org/pdffiles1/jr000242b.pdf]